

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 590950

FILING DATE

8.28.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	6					
6	2					
7	8					
8	6					
9	1					
10	6					
11	1	1				
12	1	1				
13	1	1				
14	1	1				
15	1	1				
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17	1	1				
18	6					
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TOTAL IND.			1			
TOTAL DEP.		14				
TOTAL CLAIMS		15				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						